Pharmacogenetic Activities in SWOG Breast Cancer



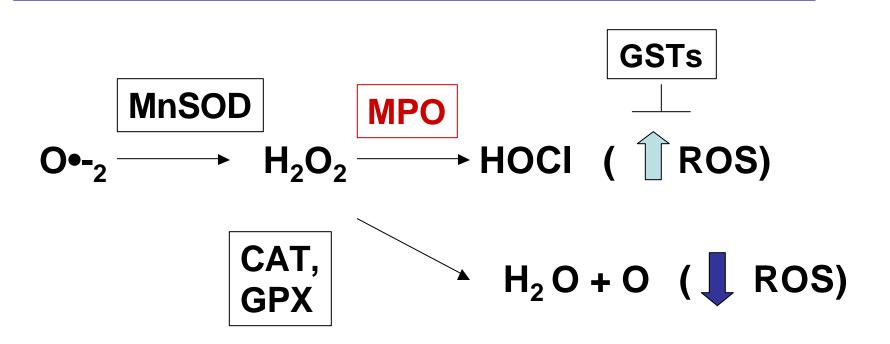
- S8897 Adjuvant CMF vs. CAF/ no Treatment
 - Ambrosone RO1: Other genes (TBCI approved, analyses ongoing)
- S0221 Adjuvant Dose Dense vs. Dose Denser AC-T
 - Ambrosone: These and other genes (TBCI approved, collection ongoing)
 - Toxicities (short run)
 - Outcomes (long run)
- S0226 Metastatic anastrozole +/- fulvestrant
 - Susan Nowell RO1
 - **ESR 1** and 2 (**ER**)
 - CYP19 (Aromatase)
 - CYP3A4, FMO3, UGT2B3, UGT2B10, SULT1E1 and SULT1A1
- ALL: Whole genome sequencing (PGRN collaborations) (Christine Ambrosone is applying for RO1 for S0221)

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Inherited genetic variability Chemotherapy, Radiation and ROS

- ROS/Oxidative stress induced by CTX:
 - -Damage to DNA
 - -Lipid peroxidation
 - -Protein modification
 - -Membrane disruption
 - -Mitochondrial damage
 - -Apoptotic cascade
- Inherited variability in generation of ROS could result in differential treatment outcomes

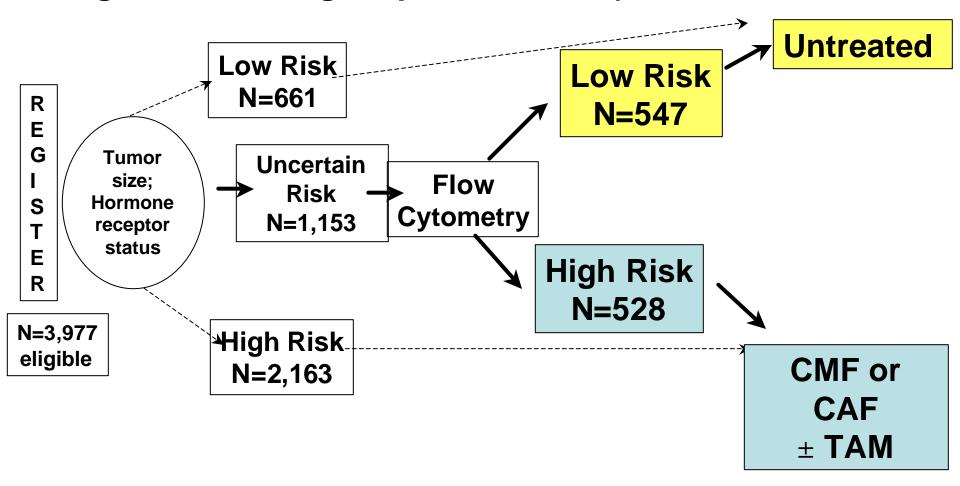
Endogenous Oxidant and Antioxidant Capabilities



- Genes for these enzymes are polymorphic
- SNPs dictate different levels of enzyme activity
- Different genotypes may be sensitive or resistant to chemotherapy

Schema in SWOG S8897

High risk, node negative women (tumor > 2cm or negative ER or high S phase fraction)

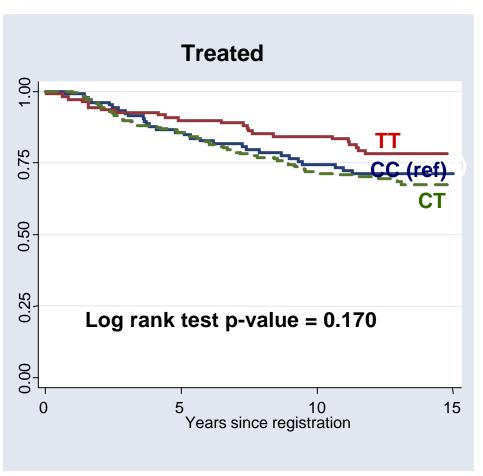


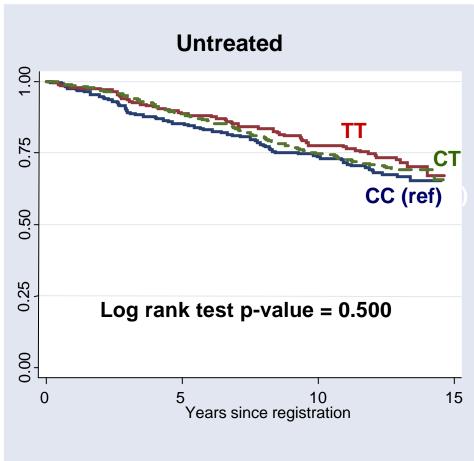
Hutchins et al, JCO 2005; 23:8313-21

Methods

- Normal lymph node tissue available for genotyping
 - Low risk: no treatment
 - Intermediate risk: all received chemotherapy (CMF vs. CAF)
- Genotyping performed by Ambrosone (RPCI) and Rae laboratories (UMCCC)

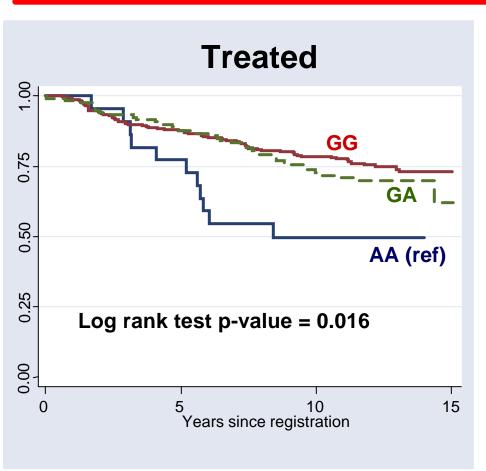
MnSOD C/T (Ala-9Val) and Breast Cancer Disease-Free Survival

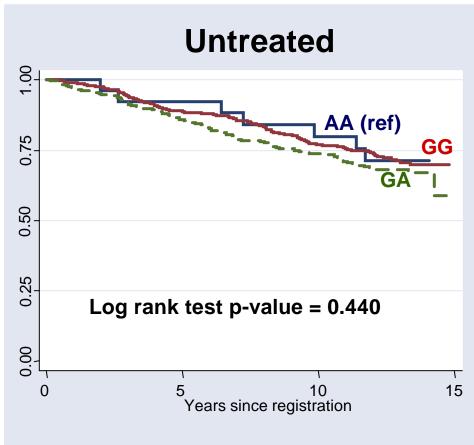




Ambrosone et al San Antonio Breast Cancer Symposium, 2006

MPO -463 G/A and Breast Cancer Disease-Free Survival





Associations between *MPO* Genotype and DFS, Treated and Untreated Arms

	Treated			Untreated			
genotype	censored	failures	HR (95% CI)	censored	failures	HR (95% CI)	
MPO							
AA	11	11	1.0 (ref)	19	7	1.0 (ref)	
AG	84	36	0.51 (0.26-0.99)	169	77	1.27 (0.59-2.76)	
GG	194	65	0.41 (0.21-0.77)	350	131	1.08 (0.50-2.31)	
AA	11	11	1.0 (ref)	19	7	1.0 (ref)	
AG+GG	278	101	0.44 (0.23-0.82)	519	208	1.14 (0.54-2.43)	

Ambrosone et al San Antonio Breast Cancer Symposium, 2006

HR adjusted for menopausal status, and time between surgery and chemotherapy

Summary and Conclusions

- High activity MPO genotypes are associated with better outcome in women treated with chemotherapy
 - Results similar in CMF and CAF groups
 - Not PROGNOSTIC (no effect in untreated patients)
- No effect detected for MnSOD; treated or not

Limitations

- Very limited quantities of DNA only single SNPs assessed
- Limited number of genes in pathways examined
- Limited sample size
- Need for high quality DNA (WBCs) from large clinical trials, comprehensive assessment of variability across genes in pathways

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S0221: Phase III Trial of Continuous Schedule AC+G vs Q2 Week Schedule AC, Followed by Paclitaxel Given Either **Every 2 Weeks or Weekly for 12 Weeks** as Post-Operative Adjuvant Therapy in Node-Positive or High-Risk Node **Negative Breast Cancer (Budd, PI)**

Accrual goal – 3,250

S0221

- Collection of 2 tubes of blood from consenting patients (1 red-top banked for banked serum, 1 purple top for DNA extraction)
- As of 3/27/08, samples received from 903 patients
- Also collection of questionnaire data
- Application to TBCI for use of DNA for Genome Wide Study in relation to toxicity and DFS

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SWOG Breast Cancer Pharmacogenomics

- S0702
 - A prospective registry of cancer patients with metastatic bone disease taking bisphosphonate therapy
 - Endpiont: Osteonecrosis of the Jaw (ONJ)
 - PI: Cathy Van Poznak, Julie Gralow
 - -n>7000
 - WBC collected and stored on all

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